

Approved For Release 2000/04/12 : CIA-RDP64-00360R000400110038-5
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. _____

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. 1342

To _____
(Payee)

(Address) (City) (State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				(6,287	54)

PAYMENT:
Complete ☐
Partial ☐
Final ☐

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total (\$6,287 54)

I certify that the above bill is correct and just and that payment has not been received.
STATOTHR
Date 8-15
Per _____
(Payee must NOT use this space)
Differences _____
Amount verified; correct for _____
(Signature or initials) SAH

Contract No. A101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment
STATOTHR
Approved for \$ _____
By _____
Title _____
Date _____
SEP 19 1956

STATOTHR THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ { on Treasurer of the United States in favor of payee named above.
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

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